

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |              |           |   |   |    |   |   |   |   |
|--|-----------------------------------|---|--------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/7/02</u>   |                                   | 2 Serial/Pat nt # <u>09/880,409</u>   |              |           |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT  |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Filing                            |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Amendment                         |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Extension of Time                 |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Notice of Appeal/Appeal           |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Petition                          |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Issue                             |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Cert of Correction/Terminal Disc. |   |              | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>   | Maintenance                       |   |              | \$        |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | <del>Assignment</del> Overpayment | 3   | 2/8/02       | \$ 30.00  |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | Other                             | 3   | 2/8/02       | \$ 130.00 |   |   |    |   |   |   |   |
|  |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$ 160.00 |   |   |    |   |   |   |   |
| 10 REASON:   |                                   | 8 TO BE REFUNDED BY:  |              |           |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | Overpayment                       | Treasury Check  |              |           |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | Duplicate Payment                 | Credit Deposit A/C #:   |              |           |   |   |    |   |   |   |   |
|  | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>1</td><td>--</td><td>2</td><td>5</td><td>0</td><td>8</td> </tr> </table> |              |           | 0 | 1 | -- | 2 | 5 | 0 | 8 |
| 0  | 1                                 | --  | 2            | 5         | 0 | 8 |    |   |   |   |   |
| Authorisation to charge <del>deposit</del> <sup>AT&amp;T</sup> credit card for surcharge |                                   |   |              |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:  |                                   |   |              |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>PATRICIA FAISON-BALL</u>  |                                   | TITLE: <u>Attorney</u>  |              |           |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>  |                                   | PHONE: <u>6/7/02</u>  |              |           |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>   |                                   |   |              |           |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****                                     |                                   |   |              |           |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>   |                                   | DATE: <u>8/9/02</u>   |              |           |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**